



Psychological Association of Manitoba Oral Exam Application

For information about the exam format please review the [Oral Exam Information for Applicants](#)

Return the completed form by email to office@cpmb.ca (keep a copy for your records)

For office use only

Section 1: Before You Apply

You must answer YES to each of the following:

1. Currently registered as a Psychologist Candidate or Psychological Associate with PAM? Yes No
2. Written and passed the PAM Jurisprudence Examination? Yes No
3. Written and passed Professional Practice in Psychology (EPPP)? Part 1 Yes No Part 2 Yes No

Section 2: Applicant Contact Information

Name: _____ Application Date: _____

Mailing Address: _____

Email Address: _____ Phone: _____

Current Practice Location: _____

Current Supervisors: _____

Section 3: Application Requirements and Supporting Documentation (PDF format only)

Supervisor Appraisal forms must be sent every six months during the candidacy to PAM. Please do not resend them with this application. **Documents 1-4 must be emailed together in one email.**

1. Completed Oral Exam Application.
2. Current CV.
3. Cover letter summarizing the supervision hours-number of individual and group supervision hours, and the total. In the same letter include information from Section 4 regarding competencies (if declaring more than one).
4. [Record of Hours](#) forms. If possible, include all hour forms in one PDF.
5. Exam Fee: \$600 paid at time of email of application. Payable by e-transfer [here](#) or by cheque payable to the Psychological Association of Manitoba. Refunds are not provided in the event of exam failure.

The following supporting documents must be arranged for and received by the application deadline:

6. Final Graduate Transcripts emailed/mailed directly from the University to PAM. They MUST state the date degree was conferred. **Arrange for transcripts well in advance.**
7. Criminal Record, Child and Adult Abuse Registry Checks current within two years of the exam application date.
8. Supervision Requirements have been met* [Supervisor Work Appraisal](#) forms have previously been submitted.
Only Final Appraisals may be sent with this application

*Supervision by a Registered Psychologist for a period equivalent to two years (full time), with documentation of 100 hours of direct supervision each year (total 200 hours of direct supervision). One year of supervision must be post-doctoral (following completion of doctoral degree) and the other could be from a pre-doctoral internship. (Note, educational activities or staff meetings not directly related to client care (e.g., do not result in info being added to a health record) may not be counted as supervision. Post-doctoral supervision hours can only be counted after the doctorate has been granted by the post-secondary institution. Group supervision hours (where the supervisee is observing the supervision of someone else's work) are counted at ½ credit).



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Section 4: Application Review Process

The Registration & Membership Committee reviews exam applications received by the first of the month at their January, April and October meetings. Applications that are missing documentation, require follow-up or do not meet the total required number of supervision hours will be deferred to a future meeting.

Exam Dates: October-June **only**. Exams are **not** scheduled in July, August or September.

Review Period: Applications assessed to be eligible for the oral exam are presented to PAM Council for consideration. Examinations require scheduling of three psychologists to meet with candidates. It can take from six to twelve weeks from receipt of the exam application/support documents to scheduling of an oral examination.

We do our best to schedule exams as quickly as possible and appreciate your patience.

Section 5: Fields of Practice & Client Groups you are Applying to be Examined in

Definitions Available [here](#)

The Registration & Membership Committee approves practice and populations when they review oral exam applications. Approval is based on a number of factors: title of degree (clinical, neuropsychology, school etc.), coursework, research, practicum, internship, supervised experience etc.

Candidates who wish to be examined in practice areas outside of their degree areas(s) must include the following information with their application:

- Competency in areas of practice outside of degree, including any additional information that provides evidence of foundational knowledge as outlined above.
- Detailed explanation of any Client Groups that training has not been predominantly focused on, but that you wish to include in the oral exam.

Field of Practice that you are seeking to be registered to practice in: _____

Additional Fields of Practice that you are seeking to be registered in (note that additional information may be requested):

Service and Client Groups

Psychological Service	Children	Adolescents	Adults	Couples	Families	Geriatric/ Older Adults
Diagnosis of Mental Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assessment with Psychological Tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intervention/ Psychotherapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 6: Consent

I consent to the disclosure of any relevant information in my PAM candidacy file related to my academic credentials, professional behaviour, or supervised experience to the Examination Committee to assist them in determining my readiness to practice in my declared field(s) of practice, professional activities, and client groups.

Signature: _____ Date Signed: _____